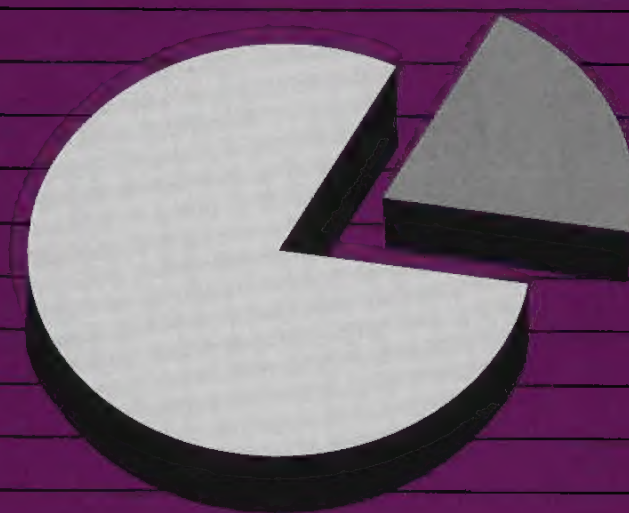


Egypt



Demographic and Health Survey 1995

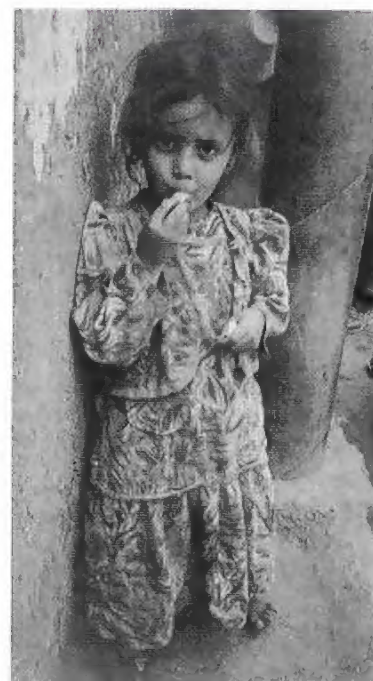
SUMMARY REPORT

Cover: Eight in ten currently married women either want no more children or want to wait at least two years before having another child (see Figure 3).

EGYPT DEMOGRAPHIC AND HEALTH SURVEY 1995

SUMMARY REPORT

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Photographs: EDHS Field Staff

The 1995 Egypt Demographic and Health Survey (EDHS-95) is part of the worldwide Demographic and Health Surveys (DHS) project. Additional information about the EDHS-95 may be obtained from the National Population Council, P.O. Box 1036, Cairo Egypt (Telephone: 3638027 or 3638093 and Fax: 3639818). Additional information about the DHS project may be obtained from Macro International Inc., 11785 Beltsville Drive, Calverton, MD (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: <http://www.macroint.com/dhs/>).

Background

This report summarizes information from the 1995 Egypt Demographic and Health Survey (EDHS-95). The EDHS-95 is a nationally representative survey of 14,779 ever-married women age 15-49. Fieldwork for the survey took place between November 1995 and January 1996. The survey is the third in a series of Demographic and Health Surveys conducted in Egypt. As in previous surveys, the main purpose of the EDHS-95 was to provide policymakers and planners with detailed information on fertility, family planning, infant and child mortality, and maternal and child health and nutrition. In addition, the EDHS-95 included a special questionnaire to collect extensive data on the lives of Egyptian women, which was administered to a subsample of 7,121 women.

The EDHS-95 was implemented by the National Population Council, with financial support from the U.S. Agency for International Development (USAID). Macro International provided technical assistance through the USAID-funded Demographic and Health Surveys Project.



Fertility

Levels and Trends in Fertility

At current levels, Egyptian women will have an average of 3.6 children during their child-bearing years. This rate represents a significant decline from the fertility level reported in 1980 when women were having an average of more than five births.

Substantial differences in fertility levels exist among subgroups. In urban areas, the total fertility rate is 3 births per woman, more than one child lower than the rural rate (4.2 births per woman). The highest fertility is found in rural Upper Egypt (5.2 births per woman) while the lowest level is found in urban Lower

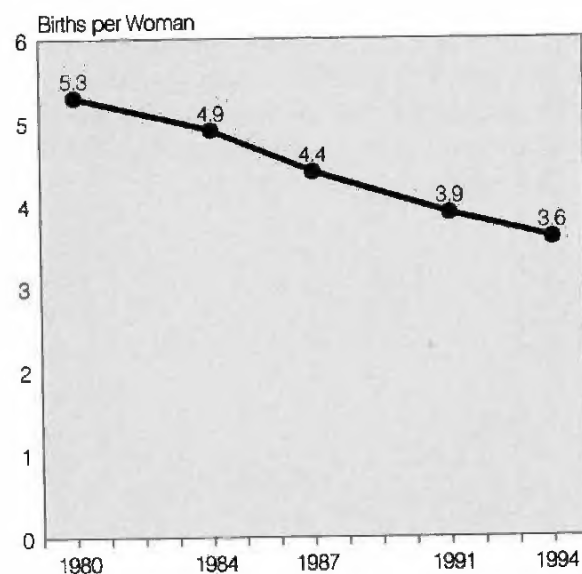
Egypt (2.7 births per women). Women in the Frontier Governorates are having an average of 4 births, a rate that is higher than that in any other area except rural Upper Egypt.

Fertility levels are closely related to level of education. Fertility is lowest among women with at least a secondary education (3.0 births) and highest among women who never attended school (4.6 births).

In urban areas, the total fertility rate is 3 births per woman, more than one child lower than the rural rate.



Figure 1
Total Fertility Rates
Egypt, 1980-1994



Fertility has declined steadily in Egypt since 1980.

Age at First Marriage

One of the factors influencing the fertility decline in Egypt has been the steady increase in the age at which women marry. One indicator of the rise in the age at first marriage is the difference between younger and older women in the median age at marriage, that is, in the age by which 50 percent of women have married. Currently, the median age at first marriage among women age 25-29 is 20.2 years, more than two years greater than the median age at first marriage among women 45-49.

Differences in the average age at first marriage are clearly a factor in the fertility differentials among subgroups. On average, rural women

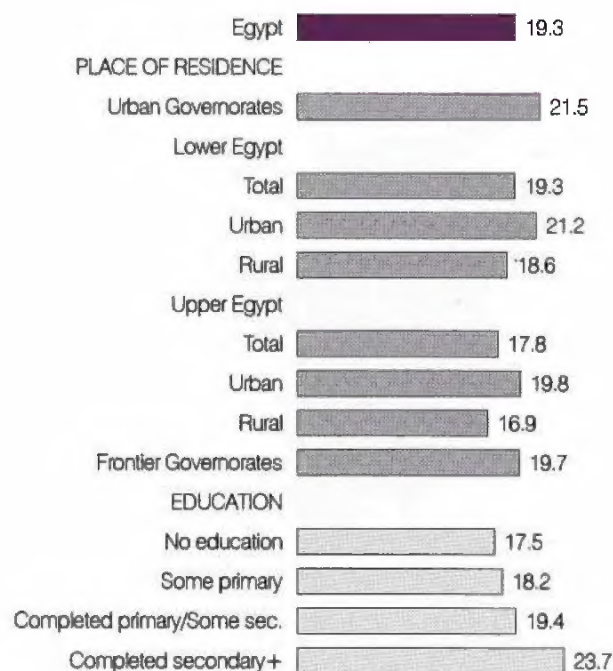
are three years younger than urban women when they first marry. Early marriage is most common in rural Upper Egypt, where the median age at first marriage among women 25-49 is 16.9 years.

Education has a strong influence on the age at which women marry. The median age at first marriage among women who completed at least secondary school is 23.7 years, more than six years higher than the median age among women who never attended school.

Teenage Childbearing

Although the age at marriage has been increasing, marriage and childbearing begins early for many Egyptian women. Overall, one in 10 teenagers has given birth or is pregnant with her first child. Teenage childbearing is almost twice as common among rural women (13 percent) as urban women (7 percent). Rural Upper Egypt has the highest level of teenage childbearing (18 percent).

Figure 2
Median Age at First Marriage
(Women 25-49)



More than half of women in rural Upper Egypt and women with no education were married before age 18.

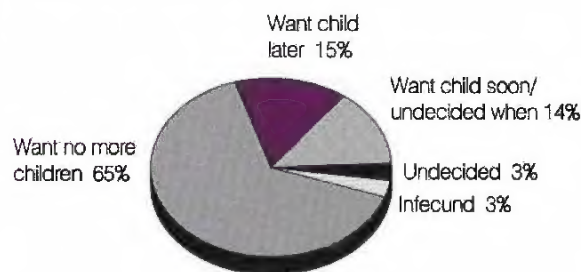
Rural Upper Egypt has the highest level of teenage childbearing.

Short Birth Intervals

Closely spaced births are common. More than one-quarter of non-first births occur within 24 months of a previous birth. The average interval between births is significantly longer in urban areas (37 months) than in rural areas (30 months).

One factor contributing to short birth intervals is the relatively brief time during which the average woman is without a menstrual period following a birth. Egyptian mothers resume menstruation within five months of delivery in the case of half of all births. The relatively short period of postpartum protection from pregnancy is related to breastfeeding practices, particularly the early introduction of supplementary foods.

Figure 3
Fertility Preferences
(Currently Married Women 15-49)



Note: "Want no more" includes sterilized women.

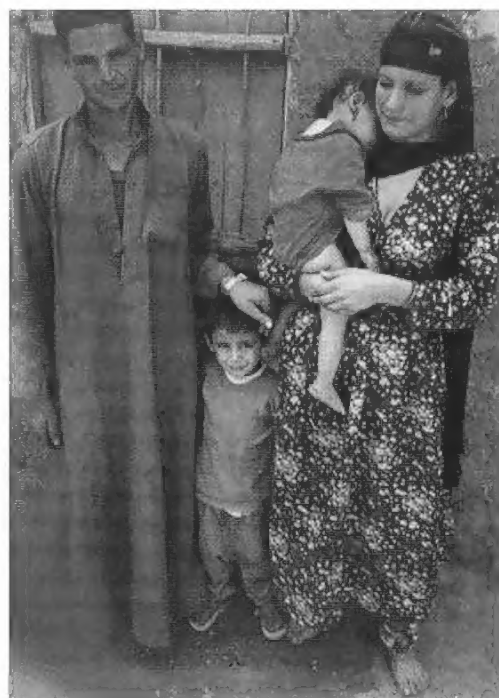
Eight in 10 currently married women either want no more children or want to wait at least two years before having another child.

Fertility Preferences

Many Egyptian women are having more children than they want. If all unwanted births were avoided, the fertility level would be 2.6 births per woman, one child lower than the actual fertility level.

The higher than desired fertility is associated with increased health risks for children. More than half of all children born in the five years preceding the survey were at greater risk of dying because of the mother's age (under 18 or over 34), high birth order (3 or more), and short birth interval (less than 24 months).

If all unwanted births were avoided, the fertility level would be 2.6 births per woman, one child lower than the actual fertility level.



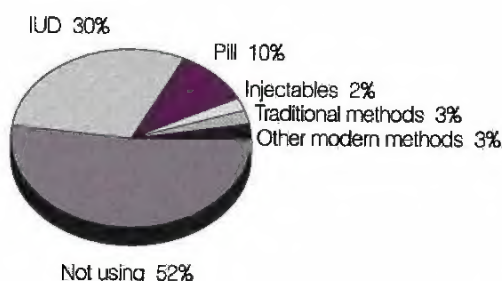
Family Planning

Knowledge, Approval and Use of Family Planning

Knowledge of family planning methods and sources is universal among women in Egypt. Broadcasts of information about family planning have wide coverage. More than eight in 10 ever-married women have heard a family planning message on radio or television recently. Nearly four in 10 women report that television spots influenced them to seek more information about family planning.

Family planning use has broad support among Egyptian couples. Nine in 10 currently married women approve of a couple using contraceptive methods. According to women, more than eight in 10 husbands approve of family planning use.

Figure 4
Current Use of Family Planning by Method
(Currently Married Women 15-49)



The IUD and the pill are the most widely used family planning methods.

The majority of women have experience with using family planning methods. Seven in 10 currently married women have used a family planning method at some time, and 48 percent are currently using contraception. The IUD and the pill are the most widely used methods.

Seven in 10 currently married women have used a family planning method at some time, and 48 percent are currently using contraception.

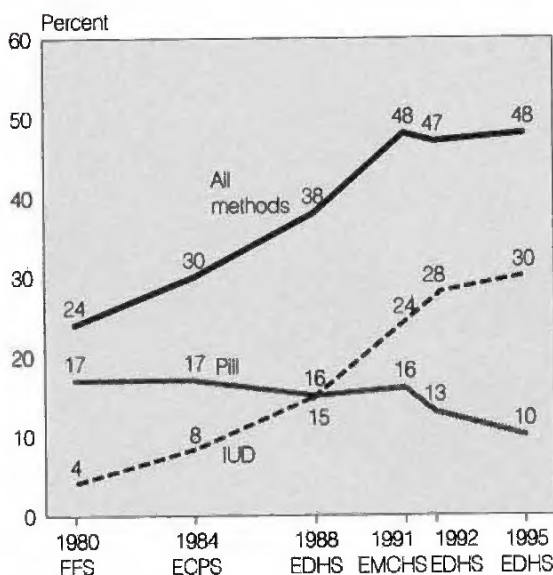


Trends and Differentials in Family Planning Use

Contraceptive use in Egypt doubled between 1980 and 1995, from 24 percent to 48 percent. The pace of change was rapid in the 1980s, but slowed significantly in the 1990s, and there was no increase in the overall rate of use between 1991 and 1995.

Virtually all of the growth in family planning use in Egypt since 1980 has been the result of increased adoption of the IUD. IUD use rose from only 4 percent of married women in 1980 to 30 percent in 1995. The introduction of injectables as a program method resulted in a small increase (almost two percentage points) in use of this method between 1992 and 1995. This gain was offset by a continuing decline in pill use (from 13 percent in 1992 to 10 percent in 1995).

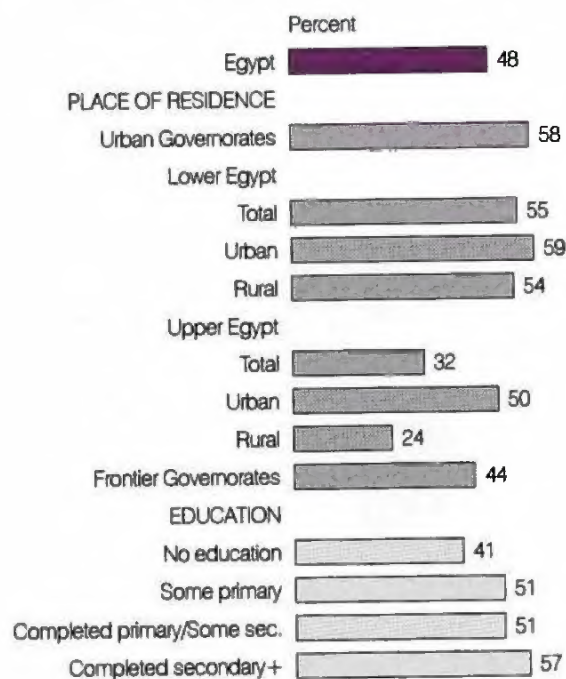
Figure 5
Trends in Current Use of Family Planning



Contraceptive use doubled between 1980 and 1995, with adoption of the IUD accounting for virtually all of the increased use.

Marked differences in the level of family planning use are found among residential groups. Current use is highest among women in urban Lower Egypt (59 percent) followed by the Urban Governorates (58 percent). Use among rural women in Lower Egypt (54 percent) is more than twice the level among rural women in Upper Egypt. The level of current use in the Frontier Governorates (44 percent) is lower than that in all areas except rural Upper Egypt.

Figure 6
Current Use of Family Planning by Background Characteristics
(Currently Married Women 15-49)



The highest levels of family planning use are found among women who have completed secondary school and among women living in urban Lower Egypt and the Urban Governorates.

Use increases directly with a woman's level of education. Among married women with no education, 41 percent are using a method compared with 57 percent of those who have secondary or higher education.

Use among rural women in Lower Egypt is more than twice the level among rural women in Upper Egypt.

Sources of Family Planning Services

Both government health facilities and private sector providers play an important role in the delivery of family planning services in Egypt. The majority of pill users (86 percent) obtain their method from a pharmacy. The majority of IUD users (55 percent) go to private providers to have the IUD inserted. Slightly less than half of IUD users (45 percent) go to a public sector provider for the IUD; urban hospitals and health units are the most common public sector sources for the IUD (31 percent).

Costs of Family Planning Services

Comparatively few users in Egypt receive their method free of charge. Eight in 10 pill users pay more than 50 piastres for a cycle of pills, and more than 20 percent report that they pay more than one pound. The majority of IUD users pay 10 pounds or less for the method (55 percent) or receive it free (2 percent). Among injectable users, the median cost of the method is 5 pounds.

Both government health facilities and private sector providers play an important role in the delivery of family planning services in Egypt.



Contraceptive Discontinuation

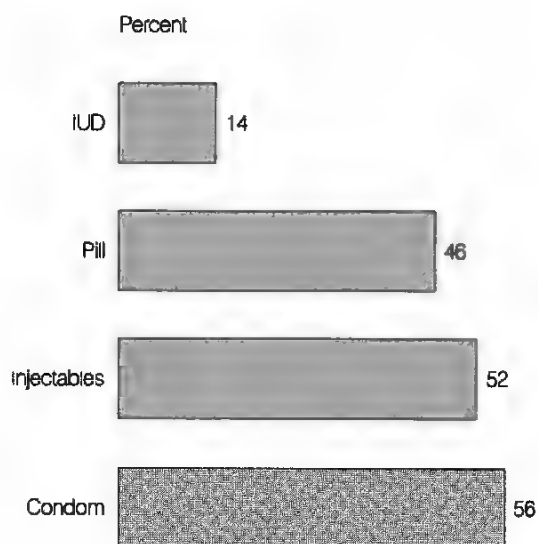
The EDHS-95 collected contraceptive histories for the five-year period preceding the survey. These data indicate that many users discontinue using contraception within 12 months of starting use. The rate of discontinuation for all methods is 30 percent. With regard to individual methods, the highest rates are observed for the condom (56 percent), injectables (52 percent), and the pill (46 percent). The IUD has the lowest rate with only 14 percent of IUD users stopping use during the first 12 months of use.



In general, users in Egypt are more likely to stop using because they experience side effects or have health concerns than for other reasons. During the first year of use, 12 percent of users stopped using because of side effects or health concerns, 4 percent stopped because they became pregnant, another 4 percent stopped because they wanted to become pregnant, and 10 percent stopped for other reasons.

Users in Egypt are more likely to stop using because they experience side effects or have health concerns than for other reasons.

Figure 7
Contraceptive Discontinuation Rates



The discontinuation rate for the IUD is much lower than the rate for the pill or injectables.

Unmet Need for Family Planning

Around one in six married women is in need of family planning services. This group includes women who are not using family planning but either want to wait two or more years for the next birth (5 percent) or want no more children (11 percent). If all of the women who are in need of family planning to achieve their childbearing goals were to use a contraceptive method, the contraceptive prevalence rate would rise from 48 percent to 65 percent. Currently, 76 percent of this "total demand" for family planning services is being met.

Two-thirds of the women with an unmet need for family planning are under age 35. More than half have four or more children, with more than one-fifth having at least six children. Slightly more than half of the women in need had given birth in the two years preceding the

survey. Women in need of family planning are heavily concentrated in rural areas; nearly 40 percent live in rural Upper Egypt and more than one-quarter live in rural Lower Egypt. Around half of the women in need of family planning have never attended school, and around 20 percent have less than a primary education.

If all of the women in need of family planning to achieve their childbearing goals were to use a contraceptive method, the current use rate would increase from 48 percent to 65 percent.



Child Health

Childhood Mortality

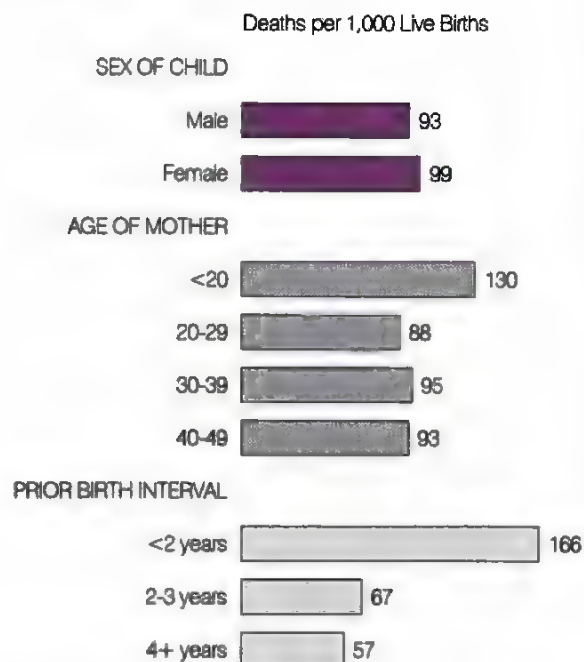
At current mortality levels, one in 12 Egyptian children will die before the fifth birthday. Three-quarters of these early childhood deaths take place before a child's first birthday. Mortality rates are higher in rural than in urban areas, and the highest levels are found in rural Upper Egypt. The mother's educational level is strongly associated with a child's risk of dying. Children born to women who never attended school have mortality rates three times higher than those of children born to mothers who have at least a secondary education.



Birth spacing plays a major role in reducing early childhood deaths. The risk of dying before age five more than doubles if a child is born less than 24 months after an older sibling. Children born to mothers under age 20 are significantly more likely to die than children born to older mothers.

At current mortality levels, one in 12 Egyptian children will die before the fifth birthday.

Figure 8
Under-five Mortality by Selected Demographic Characteristics



Note: Rates are for the 10-year period preceding the survey.

Children born to teenage mothers and after a short birth interval (less than two years) are subject to much higher mortality rates than children born to older mothers or after longer birth intervals.

Immunization of Children

One of the primary means for improving survival during childhood is increasing the proportion of children vaccinated against the major preventable diseases. In Egypt, the proportion of children age 12 to 23 months fully immunized against the common preventable childhood illnesses (tuberculosis, diphtheria, whooping cough, tetanus, polio and measles) has risen from 67 percent in 1992 to 79 percent in 1995. More than one-half of young children have also received the recommended three doses of the hepatitis vaccine.

In Egypt, 79 percent of children age 12 to 23 months are fully immunized against the common preventable childhood illnesses.

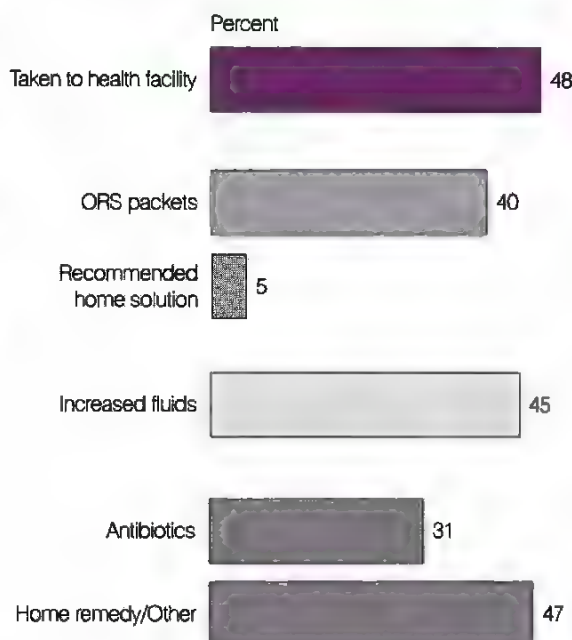


Treatment of Childhood Illnesses

Egyptian children who have symptoms of common childhood illnesses such as acute respiratory infection and diarrhea often receive medical attention for the illnesses. During the two weeks preceding the survey, 23 percent of children under five years had a cough with short, rapid breathing, which are symptoms of acute respiratory infection. Around six in 10 children with these symptoms were taken to a health facility or doctor.

Sixteen percent of children under five years had diarrhea during the two weeks preceding the survey. Almost half the children with diarrhea received medical attention. Use of ORS packets (40 percent) or a homemade solution of sugar, salt and water (5 percent) to combat dehydration was common. Many mothers gave their children increased fluids (45 percent).

Figure 9
Treatment of Diarrhea in the Two Weeks Preceding the Survey
(Children under Age Five with Diarrhea)



ORS packets or a homemade solution of sugar, salt and water are commonly used to combat dehydration associated with diarrheal illness in young children.

Breastfeeding

Breastfeeding is nearly universal in Egypt, and the length of time that the average child is breastfed is relatively long (18.9 months). However, a significant minority of children are not put to the breast immediately after birth (25 percent), and a bottle is used in feeding around one in five breastfeeding children under eight months of age.

Supplementary foods are often introduced too early. Exclusive breastfeeding (i.e., breastfeeding without any food or liquid) is recommended until the age of 4 to 6 months because it provides all the necessary nutrients and avoids exposure to disease agents; more than 30 percent of children under four months of age are not exclusively breastfed.

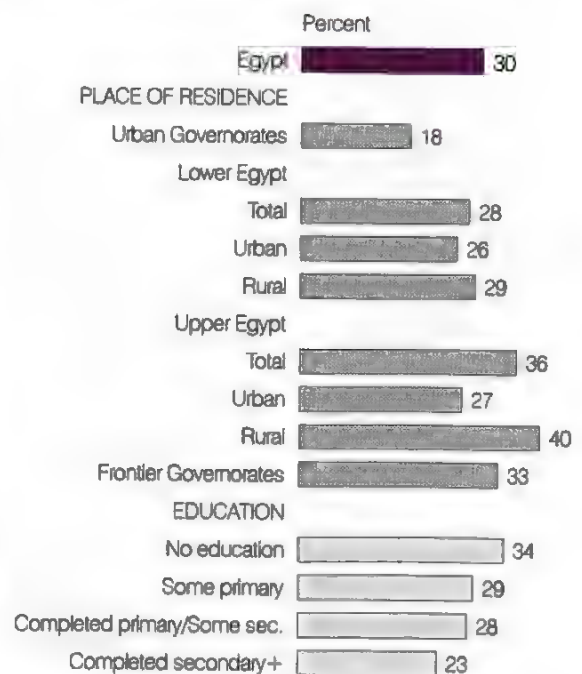


Children's Nutrition Status

Three in 10 children under five years of age are stunted (or short for their age), a condition reflecting chronic undernutrition, and 5 percent are wasted (or thin for their height), a problem indicating an acute food deficit due to illness or recent food shortages. There are substantial residential variations in children's nutritional status. For example, the percentage stunted among children under five years of age ranges from 18 percent in the Urban Governorates to 40 percent in rural Upper Egypt.

Three in 10 children under five years of age are stunted (or short for their age), a condition reflecting chronic undernutrition.

Figure 10
Prevalence of Stunting
(Children under Age Five)



Stunting is highest among children in rural Upper Egypt and children whose mothers never attended school.

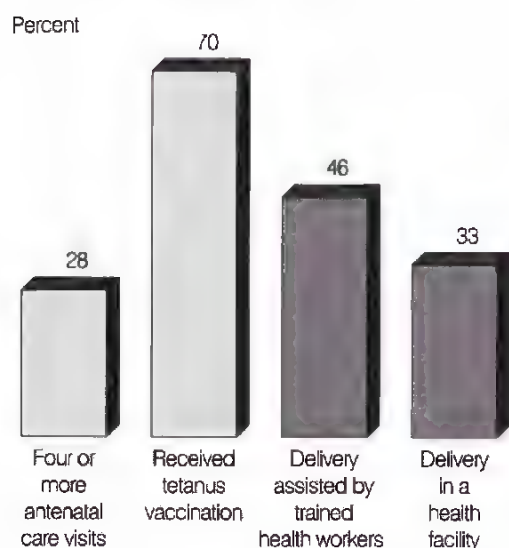
Women's Health and Well-being

Maternity Care Indicators

The care a woman receives during pregnancy and at delivery reduces the risk of illness or death for both the mother and the child. In the five years preceding the survey, women received regular care during pregnancy (four or more antenatal care visits) for only 28 percent of births.

Tetanus toxoid injections are given to women during pregnancy to prevent neonatal tetanus, a frequent cause of death in young infants. Women had at least one tetanus toxoid injection for 70 percent of births in the five years preceding the survey. This represents a significant increase in tetanus toxoid coverage since 1988 when only 11 percent of births were protected.

Figure 11
Antenatal Care, Tetanus Toxoid Coverage, and Delivery Care
(Births in the Preceding Five Years)



Women receive regular antenatal care (four or more visits) for only around one-quarter of births and only around one-third of births are delivered in a health facility.

The majority of children are born at home without assistance from trained health workers. Overall, 46 percent of births in the five years preceding the survey were assisted by a doctor or a trained nurse/midwife, and around one-third of deliveries took place in a health facility.

The likelihood that a woman will receive maternity care is associated with her residence. For example, the proportion of births in which the mother was seen at least four times for antenatal care ranges from 10 percent in rural Upper Egypt to 55 percent in the Urban Governorates. A woman's educational level is also strongly related to her chances of receiving care; births to women who have a secondary or higher education are five times as likely to have regular antenatal care as births to women with no education.

Women received regular care during pregnancy (four or more antenatal care visits) for only 28 percent of births.



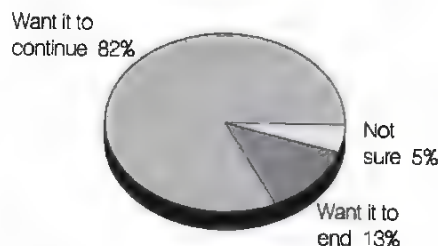
Female Circumcision

Female circumcision is virtually universal among women in Egypt, with 97 percent of ever-married women having been circumcised. Moreover, among women with one or more living daughters, 87 percent report that at least one daughter has already been circumcised or that they intend to circumcise their daughter(s) in the future. Most circumcisions take place before puberty; the median age at circumcision for both mothers and daughters was 9.8 years. Traditional practitioners including dayas were responsible for eight in 10 circumcisions among respondents. For the daughters of respondents, however, trained medical personnel performed more than half of the circumcisions.



The majority of women want female circumcision to continue. Around 70 percent believe that husbands prefer their wives to be circumcised and that circumcision is an important aspect of religious tradition. Comparatively few women recognize any adverse consequence from circumcision. For example, fewer than one in four women agree that a girl may die from complications associated with circumcision.

Figure 12
Attitudes about Continuation of the Practice of Female Circumcision
(Ever-married Women 15-49)



More than eight in 10 women believe that the practice of female circumcision should continue.

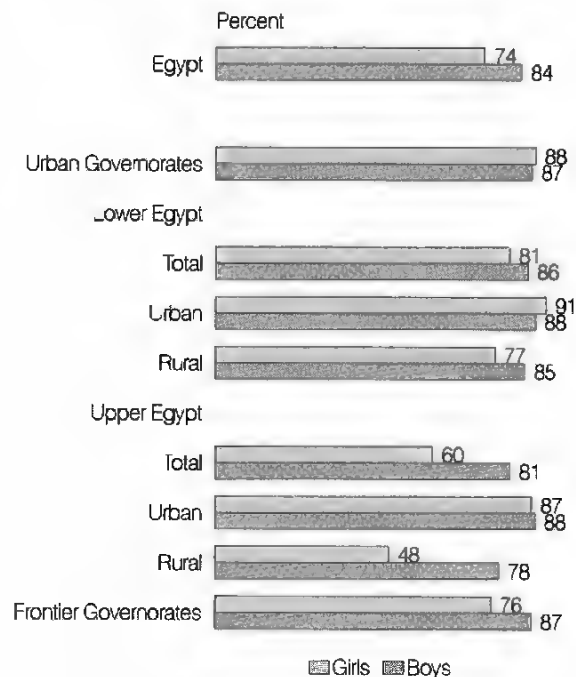
Women's Education

Overall, educational attainment among ever-married women of reproductive age is low. Forty-four percent of women 15-49 have never attended school, and only around one-quarter of women have completed secondary school or higher. Educational levels are lowest among women from rural Upper Egypt, where 67 percent of ever-married women 15-49 have never attended school. The highest levels are found in the Urban Governorates, where only one-quarter of ever-married women have never attended school.

Women's opportunities for education have improved over time in Egypt, and most girls currently attend school at least through the primary level. However, there are marked differences in school attendance rates among residential groups. In rural Upper Egypt, only 48 percent of girls 6-15 years are currently attending school compared with 77 percent in rural Lower Egypt.

Rural Upper Egypt has the largest differences in attendance rates by gender. For example, among children 6-15 years of age, 78 percent of boys are attending school compared with only 48 percent of girls. Gender differences in school attendance rates are generally smaller in the other residential categories. In fact, among children 6-15 in urban areas, there is virtually no difference in school attendance rates for boys and girls.

Figure 13
School Attendance Rates by Sex and Place of Residence (Children 6-15 Years)



In rural Upper Egypt, boys are much more likely to be currently attending school than girls.

Women's Employment

Overall, 19 percent of ever-married women 15-49 report that they are currently working. Employment is concentrated among the most highly educated women: 44 percent of women with a secondary or higher education are working compared with around 10 percent of women with less than a secondary education. More than 80 percent of women who work earn cash, and most report that they themselves decide how their earnings will be used, either jointly with the husband (56 percent) or alone (40 percent).



Home Situation

Marriage between relatives is common in Egypt and, according to the results of the women's status questionnaire, more than three in four ever-married women did not select their spouse themselves. Large differences in age and education between husbands and wives are the norm.

Married women rarely have the final say on many family decisions, including whether to seek medical attention for children. On the other hand, women frequently report that they participate jointly with their husband in many key decisions. Notably, around four in five women say that decisions about future childbearing or family planning use are made jointly with their husband or, less often, by the women themselves.

Violent treatment of women within marriage is not uncommon. Around one in three ever-married women has been beaten at least once since they first married, most often by their husband. Among women who have ever been beaten, 45 percent were beaten at least once in the year before the survey, and 17 percent were beaten three or more times. Whether they themselves have been beaten or not, most ever-married women agree that husbands are sometimes justified in beating their wives.

Conclusions

Fertility and Family Planning

Fertility levels are continuing to decline in Egypt. The majority of married women know about and approve of family planning. Use of family planning methods among currently married women has doubled since 1980, from 24 to 48 percent.

Despite these encouraging trends, there are a number of continuing challenges. Fertility levels are higher than women desire by an average of about one child. Teenage marriage is widespread and early childbearing common, particularly among women in rural Upper Egypt. Between 1991 and 1995 there was virtually no increase in the overall level of family planning use. One reason is the continued downward trend in pill use that has been evident since the mid-1980s.

Perhaps the most important challenge is the persistent low contraceptive use in Upper Egypt, particularly in rural areas. The rate of family planning use in rural Upper Egypt is half the level in rural Lower Egypt. Another key area for concern is the high rates of discontinuation for the pill and injectables, with women citing side effects and health concerns as the primary reasons for stopping use.

There is considerable unmet need for family planning. One in six married women is in need of family planning services to achieve her childbearing goals.

Women's and Children's Health

The survey results document progress in a number of key areas that affect the health of mothers and children. There has been considerable success in expanding childhood immunization coverage in the 1990s. The rapid rise in tetanus toxoid coverage among pregnant

women—from 11 percent in 1988 to 70 percent in 1995—is noteworthy. Mothers also know about and use appropriate treatments for diarrheal illnesses; almost nine in 10 children with a recent diarrheal episode received some form of oral rehydration therapy or increased fluids.

Despite these signs of progress, a number of significant challenges remain. Mortality levels are still moderately high, with one in 12 Egyptian children dying before the fifth birthday. Efforts to encourage couples to space births are likely to be important in reducing mortality further. Currently, one in four non-first births occurs too soon—within 24 months of a previous birth.

Improvements in antenatal care and delivery care are needed. Mothers receive regular antenatal care for only around one in four births and less than half of all births are delivered with the assistance of trained health workers. There are marked disparities in these indicators by residence and education, with women in rural Upper Egypt and uneducated women being much less likely than other women to have adequate maternity care.

Breastfeeding is nearly universal, but many children are given supplements too early. Inadequate nutrition is a common problem. Overall, three in 10 children are chronically undernourished (stunted). The highest level of stunting is found in rural Upper Egypt.

Women face other special health issues. Ninety-seven percent of ever-married women 15-49 have been circumcised, and 87 percent say they have circumcised or intend to circumcise their daughters. Violent treatment of women within marriage is not uncommon, with around one in three women reporting that they have been beaten at least once since marriage.

Fact Sheet

1995 Population Data¹

Total population (millions)	59.0
Crude birth rate (per 1,000 population)	28.6
Crude death rate (per 1,000 population)	6.8

Egypt Demographic and Health Survey 1995

Sample Population

Ever-married women age 15-49	14,779
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Background Characteristics of Women Interviewed

Percent urban	46.1
Percent with no education	43.7
Percent completed secondary school or higher	23.6

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	65.1
Percent of women 15-49 ever married	70.1
Median age at first marriage among women age 25-49	19.3
Median duration of breastfeeding (months) ²	18.9
Median duration of postpartum amenorrhoea (months) ²	5.0
Median duration of postpartum abstinence (months) ²	1.6

Fertility

Total fertility rate ³	3.6
Mean number of children ever born to women age 40-49	5.5

Desire for Children

Percent of currently married women who:	
Want no more children ⁴	65.4
Want to delay their next birth at least 2 years	14.8
Mean ideal number of children ⁵	2.8
Percent of births in the last 5 years that were:	
Unwanted	20.2
Mistimed	10.5

Knowledge and Use of Family Planning

Percent of currently married women who:	
Know any method	99.8
Know a modern method	99.8
Have ever used any method	70.4
Are currently using any method	47.9
Are currently using a modern method	45.5
Percent of currently married women currently using:	
Pill	10.4
IUD	30.0
Injectables	2.4
Condom	1.4
Female sterilization	1.1
Periodic abstinence	0.8
Withdrawal	0.5
Folk methods	1.1

Mortality and Health

Infant mortality rate ⁶	63
Under-five mortality rate ⁶	81
Percent of births ⁷ to mothers who:	
Received antenatal care from medical provider	39.1
Received one or more tetanus toxoid injections	69.5
Percent of births ⁷ to mothers who were assisted at delivery by:	
Doctor	38.9
Nurse/Trained midwife	7.4
Traditional birth attendant	48.5
Relative/Other	3.9
Percent of children 0-3 months who are breastfeeding	98.3
Percent of children 10-11 months who are breastfeeding	87.0
Percent of children 0-3 months who are exclusively breastfeeding	67.6
Percent of children 12-23 months who received: ⁸	
BCG	94.7
DPT (three doses)	83.0
Polio (three doses)	84.2
Measles	89.2
All vaccinations	79.1
Percent of children under 5 years:	
With diarrhea who received oral rehydration therapy ⁹	42.7
With acute respiratory infection who were seen by medical personnel	61.7
Are chronically undernourished (stunted) ¹⁰	29.8
Are acutely undernourished (wasted) ¹⁰	4.6

¹ Source: Central Agency for Public Mobilization and Statistics (CAPMAS). 1995. *Statistical year book 1992-1994*. Cairo: CAPMAS.

² Current status estimate based on births during the 36 months preceding the survey

³ Based on births to women 15-49 years during the period 1-36 months preceding the survey

⁴ Includes sterilized women

⁵ Excludes the 16 percent of women who gave a non-numeric response to ideal family size

⁶ Rates for the period 0-4 years preceding the survey (roughly 1991 to 1995); expressed as deaths per 1,000 live births

⁷ Includes births in the period 0-59 months preceding the survey

⁸ Based on information from vaccination cards and mothers' reports

⁹ Includes use of a solution from commercially produced packets of oral rehydration salts (ORS) or a homemade solution usually prepared from sugar, salt and water

¹⁰ *Stunting* assessed by height-for-age, *wasting* assessed by weight-for-height; the percent undernourished are those below -2SD from the median of the international reference population, as defined by the U.S. National Centre for Health Statistics, and recommended by the World Health Organisation.

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